

Medical Plan Options

Medical coverage is one of the most important benefits employees choose. Calhoun County understands that each employee and family is unique and as a result, different plan options are provided through Blue Cross Blue Shield of Michigan (BCBSM) to help meet varying needs.

1. Community Blue (CB3)

Community Blue is a traditional PPO insurance plan that operates with deductibles, copays, and co-insurance for services.

- PPO stands for “Preferred Provider Organization”. Quite simply, a PPO is a network of doctors and hospitals that work under one umbrella to provide medical services at a discount to its membership. BCBSM’s PPO is one of the largest in the country. To see what providers are in the BCBSM PPO network, refer to the BCBSM Website at www.bcbsm.com.
- Prescription drugs are covered through Express Scripts with copays of \$10 generic/\$20 brand/\$40 non-formulary.

2. Flexible Blue (FB3) with Health Savings Account (HSA)

Flexible Blue is also part of the BCBS PPO network. It is a Consumer Driven Health Plan that has a higher deductible than a traditional plan, but is paired with a Health Savings Account (HSA) that you get to manage based on your individual or family needs:

- The HSA is an interest bearing, tax-favored account that is owned by you and is portable from employer to employer. It allows you to save money through pre-tax payroll deductions to help you pay for your out-of-pocket medical expenses, such as the deductible and coinsurance. The deductible for this plan is \$2,000 for an individual and \$4,000 for 2-person or family.
- **Calhoun County will also contribute \$750 per single and \$1,500 per 2-person or family annually into your HSA for this plan.** This, in turn, will also reduce your annual deductible. The money will roll over each year, and you may have investment options depending on the size of your account. The HSA offers a way to begin saving for current and future medical expenses on a tax-free basis.
- Prescription drugs are covered by Express Scripts and are subject to the deductible and coinsurance under this plan.

3. Simply Blue (SB3) with Health Savings Account (HSA)

Simply Blue plan is also part of the BCBS PPO network. It is a Consumer Driven Health Plan that has a higher deductible than a traditional plan, but is paired with a Health Savings Account (HSA) that you get to manage based on your individual or family needs:

- The HSA is an interest bearing, tax-favored account that is owned by you and is portable from employer to employer. It allows you to save money through pre-tax payroll deductions to help you pay for your out-of-pocket medical expenses, such as the deductible and coinsurance. The deductible for this plan is \$3,500 for an individual and \$7,000 for 2-person or family.
- **Calhoun County will also continue to contribute \$1,500 per single and \$3,000 per 2-person or family annually into your HSA for this plan.** This, in turn, will also reduce your annual deductible. The money will roll over each year, and you may have investment options depending on the size of your account. The HSA offers a way to begin saving for current and future medical expenses on a tax-free basis.
- This plan has been enhanced by reducing the out-of-pocket maximum to equal the deductible (resulting in lower costs to employees). The County will still continue to fund the corresponding Health Savings Accounts (HSA) at the same level of \$1,500 single/\$3,000 dual-family. This means that after the deductible has been met the plan pays at 100%.
- Prescription drugs are covered by Express Scripts and are subject to the deductible and coinsurance under this plan.

Medical Plan Comparison

	Community Blue (CB3)	Flexible Blue (FB3)	Simply Blue (SB3)
Medical Coverage – BCBS	In-Network	In-Network	In-Network
Employer HSA Contribution	N/A	\$750 Single \$1,500 Family	\$1,500 Single \$3,000 Family
Deductible	\$250 Single \$500 Family*	\$2,000 Single \$4,000 Family	\$3,500 Single \$7,000 Family
True Out-of-Pocket Max <i>(includes ded, coins, copays, and RX)</i>	\$3,000 Single \$6,000 Family**	\$3,000 Single \$6,000 Family	\$3,500 Single \$7,000 Family
Coinsurance	80% after deductible	80% after deductible	100% after deductible
Coinsurance Maximum	\$1,000 Single \$2,000 Family	Not Applicable	Not Applicable
Preventive Care	100%	100%	100%
Office Visit Copay	\$25	80% after deductible	100% after deductible
Emergency Room Copay	\$150	80% after deductible	100% after deductible
Prescription Drug Coverage – Express Scripts			
Generic	\$10 Copay	80% after deductible	100% after deductible
Brand Formulary	\$20 Copay	80% after deductible	100% after deductible
Brand Non-Formulary	\$40 Copay	80% after deductible	100% after deductible

** If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

How Do the Medical Plans Compare?

Low Utilizer

(Assumes: Single, Full-time Employee Using In-Network Services)

	Community Blue (CB3)	Flexible Blue (FB3 w/HSA)	Simply Blue (SB3 w/HSA)
Employer Contribution	N/A	\$750	\$1,500
Deductible (your portion)	Not Utilized	\$470	\$470
Coinsurance Maximum (your portion)	\$1,000	N/A	N/A
Copays			
Office Visits - 3	\$25 x 3 = \$75	\$120 x 3 = \$360	\$120 x 3 = \$360
ER Visit - 0	\$100 x 0 = \$0	\$500 x 0 = \$0	\$100 x 0 = \$0
Brand Rx* - 2	\$40 x 2 = \$80	\$55 x 2 = \$110	\$55 x 2 = \$110
Annual EE Premium Contribution	\$86.64 x 26 = \$2,252.64	\$37.30 x 26 = \$969.80	\$27.13 x 26 = \$705.38
Total Out-Of-Pocket Cost	\$2,407.64	\$689.80	\$0

High Utilizer

(Assumes: Single, Full-time Employee Using In-Network Services)

	Community Blue (CB3)	Flexible Blue (FB3 w/HSA)	Simply Blue (SB3 w/HSA)
Employer Contribution	N/A	\$750	\$1,500
Deductible (your portion)	Not Utilized	\$2,000	\$3,500
Coinsurance Maximum (your portion)	\$1,000	N/A	N/A
Copays/Deductible Cost			
Office Visits - 12	\$25 x 12 = \$300	\$120 x 12 = \$1,440	\$120 x 12 = \$1,440
ER Visit - 1	\$150 x 1 = \$150	\$500 x 1 = \$500	\$500 x 1 = \$500
Brand Rx* - 24	\$20 x 24 = \$480	\$55 x 24 = \$1,320 (deductible met)	\$55 x 24 = \$1,320
Annual EE Premium Contribution	\$86.64 x 26 = \$2,252.64	\$37.30 x 26 = \$969.80	\$27.13 x 26 = \$705.38
Total Out-Of-Pocket Cost	\$3,182.64	\$2,219.80	\$2,465.38

*Assuming \$120 per office visit, \$500 per ER visit, \$55 per brand RX